## ATTACHMENT 7 BID/BIDDER CERTIFICATION SHEET

Only an individual who is authorized to bind the bidding firm contractually shall sign the <u>Bid/Bidder Certification Sheet</u>. The signature must indicate the title or position that the individual holds in the firm. This Bid/Bidder Certification Sheet must be signed and returned along with all "required attachments" as an entire package with original signatures. The bid must be transmitted in a sealed envelope in accordance with IFB instructions.

- A. Our all-inclusive bid is submitted in a sealed envelope marked "Bid Submittal Do Not Open".
- B. All required attachments are included with this certification sheet.
- C. I have read and understand the DVBE participation requirements and have included documentation demonstrating that I have met the participation goals.
- D. The signature affixed hereon and dated certifies compliance with all the requirements of this bid document. The signature below authorizes the verification of this certification.
- E. The signature and date affixed hereon certifies that this bid is a firm offer for a 90-day period.

### An Unsigned Bid/Bidder Certification Sheet May Be Cause for Bid Rejection

1. Company Name  CCFG Construction	2. Telephone Number				
	grail-com				
3. Address 17750 words Ferry Rd.	Enora (A 95370				
Indicate your organization type: 4. ☐ Sole Proprietorship 5.	Partnership 6. Corporation				
Indicate the applicable employee and/or corporation number:  7. Federal Employee ID No. (FEIN) 20 575829	8. California Corporation No. C29 30 3 70				
Indicate the Department of Industrial Relations information: 9. Contractor Registration Number	0357				
Indicate applicable license and/or certification information:  10. Contractor's State Licensing  Board Number  459 915  Cass	11. PUC License Number CAL-T-				
12. Bidder' Name (Print) Michael Niven - CCFG Construction	n 13. Title president				
14. Signature	15. Date 5/31/17				
16. Are you certified with the Department of General Services Enterprise Services (OSDS) as:  a. Small Business Enterprise Yes No If yes, enter certification number:	a. Small Business Enterprise  Yes No  b. Disabled Veteran Business Enterprise Yes No  If yes, enter certification number:  If yes, enter your service code below:				
NOTE: A copy of your Certification is required to be included if either of the above items is checked "Yes".					
Date application was submitted to OSDS, if an application is	pending:				
17. Are you a Non-Small Business committing to the use of 2 Yes \( \square\) No \( \square\)	25% Certified Small Business Subcontractor Participation?				
If Yes, complete and return the Bidder Declaration form, GSF	PD-05-105 with your bid.				

### ATTACHMENT 1

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

## BID PROPOSAL ADM-1412 (REV.11/2015)

CONTRACTOR'S NAME (Please Print):			CONTRACT NO. 10A1899		
LINE ITEM	EM ESTIMATED UNIT OF QUANTITY MEASURE ITEM			TOTAL	
1	Lump Sum  Lump Sum  Lump Sum  Lump Sum  Labor, Tools, Matrials, Equipment and Incidentals necessay to remove and Replace, and Epoxy concrete truck barn Floor as decribed in Exhibit A, Scope of Work.  \$ 34,000			.00	
2	UNFORSEEN WORK AS DESCRIBED IN <b>EXHIBIT A, SCOPE OF WORK</b> (Contractor will be reimbursed for the cost of unforeseen work approved by the CM or designee up to the total).				\$ 1,700
3	UNFORSEEN (Contractor will additional mark	l be reimburse	CALCULATE 5% OF LINE ITEM No. 1	\$ 1,700.00	
(1) Each line must be bid. Do <b>NOT</b> leave any price column blank or this Bid proposal may be disqualified from competition for the contract award.  TOTAL THIS PROPOSAL 37, 400				\$ 37,400,00	
(2) Any Alterations, modifications or changes to this bid proposal sheet by the proposer will be grounds for Bid rejection.					

# **ATTACHMENT 2**

State of California—Department of General Services, Procurement Division GSPD-05-105 (REV 08/09)

**BIDDER DECLARATION** 

Solicitation Number_
05
1899

	Physical Contraction 18898 Pum Endustries of Contracte place & Reberry 209-533-8162 Sentra (A 95370 MA Contracte place & Reberry 209-533-2987 Interphenomental com	Prian Hile 5527 trude village Dr 1750745  530-926-0450 Prent Shister CA 96067	If no subcontractors will be used, skip to certification below. Otherwise, list all subcontractors for this contract. (Attach additional pages if necessary Subcontractor Name, Contact Person, Phone Number & Fax Number	c. If you are a California certified DVBE: (1) Are you a broker or agent? Yes \( \sum \) No \( \sum \) (2) If the contract includes equipment rental, does your company own provided in this contract (quantity and value)? Yes \( \sum \) No \( \sum \) N/A	A. Identify current California certification(s) (MB, SB, NVSA, DVBE): 159/160\ or None (If "None", go to Item #2)  b. Will subcontractors be used for this contract? Yes No (If yes, indicate the distinct element of work your firm will perform in this contract e.g., list the proposed products produced by your firm, state if your firm owns the transportation vehicles that will deliver the products to the State, identify which solicited services your firm will perform, etc.). Use additional sheets, as necessary.  De me
	t Finish	)emo	r this contract. (At or goods provided contract		ion of this form): _ (If "None", go to I nent of work <u>your</u> vehicles that will c
			tach additiona Corresponding % of bid price	at least 51% of the equipment	ltem #2) <u>firm</u> will perfor deliver the prod
			Good Standing?	f the equip	m in this co
			necessary 51% Rental?	ment	ontract s State,

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2

CERTIFICATION: By signing the bid response, I certify under penalty of perjury that the information provided is true and correct.

Page\_\_\_\_of\_\_\_



### Bid

To:	CCFG	Date: 5/30/17
Phone:		
Thank you fo Replacement	115 5	unity to submit a bid for Cal Trans Long Barn Truck Barn Floor
Item #1		rete Slab
	Exclusions:	Concrete Demo Compaction
	-	estions or would like any other options priced (prices will be held for thirty bosal sign and date below then fax to (209) 533-2997.
Sincerely,		
Joe Pluim (Pr	oject Manage	er)
	Acceptanc	ce Date:

## Roll 'N Rock Construction Inc.

rollnrockinc@nctv.com

5527 Truck Village Drive Mount Shasta, CA 96067 Email:

Phone: (530) 925-1408 Fax: (530) 926-0450

License # 971838 A, C61/D49 & C31 TRAFFIC CONTROL MB/DVBE # 1750745 ~ DIR # 1000013621 SIGNATORY TO LABORERS UNION #324

DATE: 5/30/2017

TO: General Contractors

ATTN: Estimators

Contract Number: 10A1899

#### Item # Labor Rates

Regular rate per hr.

Overtime rate per hr.

> Sundays and holidays rate per hr.

> Add \$3.50 for night shift work

Price: \$110.00

Price: \$80.00 (6 h) 
Price: \$95.00

THE FOLLOWING TERMS AND CONDITIONS ARE BINDING AND SHALL BE INCLUDED IN EACH EXECUTED SUBCONTRACT AGREEMENT MADE BETWEEN YOUR FIRM AND ROLL 'N ROCK CONSTRUCTION INC.

Respectfully Submitted by,

Bonnie Heile President / CEO

Boundlile

Roll'n Rock Construction Inc.

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES PROCUREMENT DIVISION

DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS Instructions: The disabled veteran (DV) owner(s) and DV manager(s) of the Disabled Veteran Business Enterprise (DVBE) must complete this declaration when a DVBE contractor or subcontractor will provide materials, supplies, services or equipment [Military and Veterans Code Section 999.2]. Violations are misdemeanors and punishable by imprisonment or fine and violators are liable for civil penalties. All signatures are made under penalty of perjury. SECTION 1 DVBE Ref. Number: 1750745 Name of certified DVBE: Roll'n Rock Construction Inc Description (materials/supplies/services/equipment proposed): Labor SCPRS Ref. Number: Solicitation/Contract Number: 10A1900 (FOR STATE USE ONLY) **SECTION 2** APPLIES TO ALL DVBEs. Check only one box in Section 2 and provide original signatures. I (we) declare that the DVBE is not a broker or agent, as defined in Military and Veterans Code Section 999.2 (b), of materials, supplies, services or equipment listed above. Also, complete Section 3 below if renting equipment. Pursuant to Military and Veterans Code Section 999.2 (f), I (we) declare that the DVBE is a broker or agent for the principal(s) listed below or on an attached sheet(s). (Pursuant to Military and Veterans Code 999.2 (e), State funds expended for equipment rented from equipment brokers pursuant to contracts awarded under this section shall <u>not</u> be credited toward the 3-percent DVBE participation goal.) All DV owners and managers of the DVBE (attach additional pages with sufficient signature blocks for each person to sign): 5/30/2017 (Date Signed) Bonnie Heile (Printed Name of DV Owner/Manager) (Date Signed) (Signature of DV Owner/Manager) (Printed Name of DV Owner/Manager) Firm/Principal for whom the DVBE is acting as a broker or agent: (Print or Type Name) (If more than one firm, list on extra sheets.) Address: Firm/Principal Phone: \_ SECTION 3 APPLIES TO ALL DVBES THAT RENT EQUIPMENT AND DECLARE THE DVBE IS NOT A BROKER. Pursuant to Military and Veterans Code Section 999.2 (c), (d) and (g), I am (we are) the DV(s) with at least 51% ownership of the DVBE, or a DV manager(s) of the DVBE. The DVBE maintains certification requirements in accordance with Military and Veterans Code Section 999 et. seq. The undersigned owner(s) own(s) at least 51% of the quantity and value of each piece of equipment that will be rented for use in the contract identified above. I (we), the DV owners of the equipment, have submitted to the administering agency my (our) personal federal tax return(s) at time of certification and annually thereafter as defined in Military and Veterans Code 999.2, subsections (c) and (g). Failure by the disabled veteran equipment owner(s) to submit their personal federal tax return(s) to the administering agency as defined in Military and Veterans Code 999.2, subsections (c) and (g), will result in the DVBE being deemed an equipment broker. Disabled Veteran Owner(s) of the DVBE (attach additional pages with signature blocks for each person to sign): (Date Signed) (Signature) (Printed Name) (Tax Identification Number of Owner) (Telephone) (Address of Owner) Disabled Veteran Manager(s) of the DVBE (attach additional pages with sufficient signature blocks for each person to sign): (Date Signed) (Signature of DV Manager)

Page \_\_\_\_ of \_\_\_\_

PRINT CLEAR

(Printed Name of DV Manager)